



PAUL R. LEPAGE  
GOVERNOR

STATE OF MAINE  
UNEMPLOYMENT INSURANCE COMMISSION  
57 State House Station  
Augusta, ME  
04333-0057

JENNIFER J. DUDDY, ESQ.  
CHAIRMAN

P. VINCENT O'MALLEY  
LABOR REPRESENTATIVE

(VACANT)  
EMPLOYER REPRESENTATIVE

**REQUEST FOR COMMISSION HEARING ON  
STATE INCOME TAX REFUND SETOFF**

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Debtor's Name (Last) (First) (Middle Initial)	Date of Request	<b>FOR COMMISSION USE ONLY</b>
Mailing Address (No., Street, or RFD)	Social Security Number of the Claimant-Proprietor-Partner	
City State Zip	Employer's State Identification Number	
Telephone Number	Claim Center Name	
Appealed By: [ ] Claimant [ ] Proprietorship/Partnership [ ] Corporation		

Provisions of 36 § 5276-A.2 require that the hearing be limited to the issues of whether the debt became liquidated and whether any post-liquidation events have effected the liability.

- ☐ I request a hearing on the intended setoff of my State Income Tax Refund, all or part of which is to be credited to the overpayment established on my benefit account, including interest and penalties.

Reason for Hearing: \_\_\_\_\_

- ☐ I request a hearing on the intended setoff of State Income Tax Refund, all or part of which is to be credited to contributions, interest, or penalties due the Maine Department of Labor.

Reason for Hearing: \_\_\_\_\_

Debtor's Signature
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Received on \_\_\_\_\_ By \_\_\_\_\_  
Agency Representative

**Questions About This Form?**

Contact the Unemployment Insurance Commission at (207) 623-6786, Fax: (207) 287-4554,  
TTY Users Call Maine Relay 711